

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-87S)

SERIAL NO.

10-535067

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.	↓	↔	↔	↔	↔	↔
TOTAL CLAIMS	↓	↔	↔	↔	↔	↔

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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TOTAL IND.			↓		↓	
TOTAL DEP.	↓	↔	↔	↔	↔	↔
TOTAL CLAIMS	↓	↔	↔	↔	↔	↔